PIECP - QUARTERLY CONSOLIDATED STATISTICAL REPORT

	Reporting Quarter Dates:	4/1/2016 -	6/30/2016			
	Name of Certificate Holder:	IOWA PRISON	INDUSTRIES		unnamental and an analysis of the second	
(1)	Total inmate labor hours worked during quarter:		43,154.0	Hour	S	
(2)	Total number of inmates employed during quarter:	acronomical contracts of the second	88	Total	Inmates	
(3)	Total quarterly gross wages paid:	\$	466,500.00	***		
(4)	Total quarterly contributions to Federal taxes:	\$	48,677.00	.00		
(5)	Total quarterly contributions to State taxes:	\$	15,784.00	79X		
(6)	Total quarterly contributions to Social Security:	\$	\$ 35,661.00			
	(FICA and Medicare)					
(7)	Total quarterly contributions to other taxes:	\$	_	ua.		
(8)	SUB-TOTAL of taxes paid this quarter (#4- #7):			\$	100,122.00	
(9)	Total quarterly contributions to victim's programs:	\$	125,190.00	nor		
(10)	Total quarterly contributions to room and board:	\$	130,570.00	108		
(11)	Total quarterly contributions to family support:	\$	15,517.00	on.		
(12)	SUB-TOTAL of PIECP Categorical Deductions (#9-#	11):		\$	271,277.00	
(13)	Total quarterly contributions to mandatory savings:	\$	3,373.00	eu		
(14)	TO.					
	79	No.				

	Certified correct by: Daniel J. Clark, Dep	uty Director	Iowa Prison Inc	lustri <i>e</i>	- 9	
	Certifica correct by. Daniel J. Clark, Dep	dty Difector,	ova i iboli ili	austin		
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	Signature	00000000000000000000000000000000000000	paracerone construence and a second a second and a second	Da		
Tel	ephone no: (515) 725-5705 Email <i>A</i>	Address:	dan.clark	@iowa	.gov	

	Reporting Quarter Dates:	4/1/2016	the order constant	6/30)/2016	технанняя поточеня
	Name of Cost Accounting Center:		Н&Н	LLC		
	PIECP Management Model:		Empl	oyer		
	INICITITI ITIONI NI			ctional Facility	20	normal para Est à dichiologico
	INSTITUTION Name and Address:	2000 N 16t	n Street, G	Clarinda, IA 516	32	THE RESIDENCE OF THE STATE OF T
(1)	Total inmate labor hours worked durin	g quarter:	***************************************	31,926.1	Hours	
(2)	Total number of inmates employed dur	ring quarter:		52	Total I	nmates
(3)	Total quarterly gross wages paid:		\$	354,275.19		
	Hourly wage range	\$8.50- 8.95			=	
	(or) Pieces work rate	N/A	notassanoses			
(4)	Total quarterly contributions to Federal	taxes:	\$	38,894.80		
(5)	Total quarterly contributions to State ta	xes:	\$	12,628.14	_	
(6)	Total quarterly contributions to Social S (FICA and Medicare	5	\$	27,102.10	***	
(7)	Total quarterly contributions to other ta	ixes:	\$	-		
(8)	SUB-TOTAL of taxes paid this quarter (#4- #7):	***************************************		\$	78,625.04
(9)	Total quarterly contributions to victim's	s programs:	\$	93,237.75	***************************************	***************************************
(10)	Total quarterly contributions to room as	nd board:	\$	100,784.20		
(11)	Total quarterly contributions to family s	support:	\$	10,773.15	w.	
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	204,795.10
(13)	Total quarterly contributions to mandat	ory savings:	\$	3,110.55		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas		d the scop	oe, processes or p	product	s associate with

	Certified correct by: Daniel J.	Clark, Deputy D	irector, I	owa Prison Ind	lustries	;
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	Signature		***		Date	
Tel	ephone no: (515) 822-8920	Email Addres	s:	<u>dan.clark(</u>	@iowa.g	<u>IOV</u>

	Reporting Quarter Dates:	4/1/2016	noconcentraceza	6/30	/2016	
	Name of Cost Accounting Center:		Brand	Fx		
	PIECP Management Model:		Emplo	yer		
				ectional Facility		000000000000000000000000000000000000000
	INSTITUTION Name and Address:	313 Laneda	ale, Kockw	ell City, IA 505	579	
(1)	Total inmate labor hours worked durin	g quarter:	***************************************	2,446.4	Hours	
(2)	Total number of inmates employed dur	ing quarter:		9	Total I	nmates
(3)	Total quarterly gross wages paid:		\$	33,034.63	ione.	
	Hourly wage range	\$8.50- 8.95			=	
	(or) Pieces work rate	N/A				
(4)	Total quarterly contributions to Federal	taxes:	\$	3,257.06	nov.	
(5)	Total quarterly contributions to State ta	xes:	\$	1,177.24		
(6)	Total quarterly contributions to Social S	Security:	\$	2,507.36		
	(FICA and Medicar	e)				
(7)	Total quarterly contributions to other ta	ixes:	\$	_	**	
(8)	SUB-TOTAL of taxes paid this quarter ([#4- #7):			\$	6,941.66
(9)	Total quarterly contributions to victim's	s programs:	\$	9,458.98	nek	
(10)	Total quarterly contributions to room a	nd board:	\$	6,808.94	na.	
(11)	Total quarterly contributions to family	support:	\$	3,218.10		
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	19,486.02
(13)	Total quarterly contributions to mandat	cory savings:	\$	79.34		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas		d the scope	e, processes or j	products	s associate with
			***************************************		ananin maarapaapaanamaaraana	
	Certified correct by: Daniel J.	Clark, Deputy D	irector, Io	wa Prison Ind	lustries	
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	Signature					
Tel	ephone no: (515) 725-5705	Email Addres	s:	<u>dan.clark(</u>	@iowa.g	<u>ov</u>

	Reporting Quarter Dates:	4/1/2016	identation ope	6/30)/2016	
	Name of Cost Accounting Center:		Graphic Edge			
	PIECP Management Model:		Emplo	oyer		
	INSTITUTION Name and Address:			ional Facility Jewton, IA 5020)8	annoconoconoconocono
(1)	Total inmate labor hours worked during	g quarter:		5,408.6	Hours	
(2)	Total number of inmates employed dur	ing quarter:	***************************************	11	 Total Ir	nmates
(3)	Total quarterly gross wages paid:		\$	52,041.71	MAN.	
	Hourly wage range	\$8.50- 8.95			=	
	(or) Pieces work rate	N/A	***************************************			
(4)	Total quarterly contributions to Federal	taxes:	\$	4,825.23		
(5)	Total quarterly contributions to State tax	xes:	\$	1,555.00		
(6)	Total quarterly contributions to Social S (FICA and Medicare	-	\$	3,975.06	nov	
(7)	Total quarterly contributions to other ta	xes:	\$	-		
(8)	SUB-TOTAL of taxes paid this quarter (#4- #7):	***************************************	***************************************	\$	10,355.29
(9)	Total quarterly contributions to victim's	programs:	\$	14,417.38	enementarione del presidente del pre	
(10)	Total quarterly contributions to room ar	nd board:	\$	15,007.88		
(11)	Total quarterly contributions to family s	upport:	\$	1,852.84	_	
(12)	SUB-TOTAL of PIECP Categorical Dedu	ıctions (#9-#11):			\$	31,278.10
(13)	Total quarterly contributions to mandate	, ,	\$	52.95	-	
(14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas		d the scop	e, processes or _]	products	s associate with
	Certified correct by: Daniel J.	Clark, Deputy D	irector, Io	owa Prison Inc	lustries	
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Tel	Signature ephone no: (515) 725-5705	Email Addres	s:	<u>dan.clark(</u>		

	Reporting Quarter Dates:	4/1/2016	concessione	6/30)/2016	
	Name of Cost Accounting Center:		Jet Comp	any		
	PIECP Management Model:		Employ	er		
				ctional Facility		
	INSTITUTION Name and Address:	313 Laned	ale, Rockwe	ll City, IA 505		
(1)	Total inmate labor hours worked durin	g quarter:	*******************************	72.0	Hours	
(2)	Total number of inmates employed dur	ing quarter:	***************************************	3	Total Inmates	3
(3)	Total quarterly gross wages paid:		\$	792.00	_	
	Hourly wage range	\$8.50- 8.95			-	
	(or) Pieces work rate	N/A	delencerous			
(4)	Total quarterly contributions to Federal	taxes:	\$	63.50	ood.	
(5)	Total quarterly contributions to State ta	xes:	\$	18.87	nee	
(6)	Total quarterly contributions to Social S (FICA and Medicar			60.57	wa.	
(7)	Total quarterly contributions to other ta	ixes:	\$	_		
(8)	SUB-TOTAL of taxes paid this quarter ((#4- #7):			\$	142.94
(9)	Total quarterly contributions to victim's	s programs:	\$	274.51	### ##################################	
(10)	Total quarterly contributions to room a	nd board:	\$	122.99	**	
(11)	Total quarterly contributions to family	support:	\$	93.16		
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	490.66
(13)	Total quarterly contributions to mandat	tory savings:	\$	-		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas	, ,	d the scope,	processes or 1	products assoc	riate with
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	Certified correct by: Daniel J.	. Clark, Deputy D	irector, Iov	va Prison Inc	lustries	
*************************************	by we		9001101 (cor <b>s</b>	04 - AL	06 2016	
-	/ Signature				Date	
Tel	lephone no: (515) 725-5705	Email Addres	s:	<u>dan.clark(</u>	<u>@iowa.gov</u>	

	Reporting Quarter Dates:	4/1/2016	entrine e e e e	6/30	/2016	************************
	Name of Cost Accounting Center:	1	NuAge Ma	arketing		
	PIECP Management Model:		Emplo	yer		
				ectional Facility		
	INSTITUTION Name and Address:	313 Laneda	ile, Rockw	ell City, IA 505	79	annone and a second
(1)	Total inmate labor hours worked durin	g quarter:	4444	3,300.7	Hours	
(2)	Total number of inmates employed dur	ring quarter:		13	Total I	nmates
(3)	Total quarterly gross wages paid:		\$	26,356.46	_	
	Hourly wage range	\$8.50- 8.95			=	
	(or) Pieces work rate	N/A				
(4)	Total quarterly contributions to Federal	l taxes:	\$	1,636.42	•••	
(5)	Total quarterly contributions to State ta	xes:	\$	405.32		
(6)	Total quarterly contributions to Social S (FICA and Medicar	•	\$	2,016.28	en .	
(7)	Total quarterly contributions to other ta	axes:	\$	-		
(8)	SUB-TOTAL of taxes paid this quarter (	(#4- #7):	The second secon		\$	4,058.02
(9)	Total quarterly contributions to victim's	s programs:	\$	7,801.29		ada da casa assa de escala se de escala de escala de esta de e
(10)	Total quarterly contributions to room a	nd board:	\$	7,845.85	***	
(11)	Total quarterly contributions to family	support:	\$	1,380.00	_	
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	17,027.14
(13)	Total quarterly contributions to mandat	tory savings:	\$	130.28		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas	, ,	d the scop	e, processes or _l	products	s associate with
			**************************************	***************************************		
	Certified correct by: Daniel J.	Clark, Deputy Di	rector, Ic	owa Prison Inc	lustries	
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nn 1	Signature (515) 505 5705	T				
ı el	ephone no: (515) 725-5705	Email Address	5:	<u>dan.clark(</u>	<u>ധ</u> രwa.g	OV

	Reporting Quarter Dates:	4/1/2016	and a company of the	6/3	30/2016
	Name of Cost Accounting Center:		Misty Harb	or	
	PIECP Management Model:	ONIO 1801 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (180) (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (1800 (180) (1800 (1800 (1800 (180) (1800 (1800 (1800 (1800 (1800 (1800 (1	Employer		and the same of th
	INSTITUTION Name and Address:	Fort Do	dge Correctio	nal Facility	7
(1)	Total inmate labor hours worked during	g quarter:		-	Hours
(2)	Total number of inmates employed dur	ing quarter:		0	Total Inmates
(3)	Total quarterly gross wages paid:		\$		overalant.
	Hourly wage range	\$8.50- 8.95			=
	(or) Pieces work rate	N/A	***************************************		
(4)	Total quarterly contributions to Federa	taxes:	\$	_	***************************************
(5)	Total quarterly contributions to State ta	xes:	\$	_	
(6)	Total quarterly contributions to Social S (FICA and Medicar	•	\$	_	
(7)	Total quarterly contributions to other ta	axes:	\$	_	
(8)	SUB-TOTAL of taxes paid this quarter (	(#4- #7):			\$ -
(9)	Total quarterly contributions to victim's	s programs:	\$		
(10)	Total quarterly contributions to room a	nd board:	\$	_	
(11)	Total quarterly contributions to family	support:	\$	_	
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$ -
(13) (14)	Total quarterly contributions to mandate Since the last quarterly report, have you this cost accounting center? If yes, please This CAC ceased	ı materially change			•
	Certified correct by: Daniel J.  Signature	Clark, Deputy D	irector, Iowa		idustries 106 – 2016 Date
Tel	lephone no: (515) 725-5705	Email Addres	s:		k@iowa.gov

	Reporting Quarter Dates: $4/1/2$	2010	6/3	30/2016
	Name of Cost Accounting Center:	Rock Comm	nunications	eccentration control and acceptance of the control
	PIECP Management Model:	Empl	oyer	
	INSTITUTION Name and Address: 3	Newton Correction S 60th Ave W,	,	208
1)	Total inmate labor hours worked during quarter:		-	Hours
2)	Total number of inmates employed during quarte	r:		Total Inmates
3)	Total quarterly gross wages paid:	\$	_	
	Hourly wage range \$8.50	- 8.95		
	(or) Pieces work rate N/	A		
ŧ)	Total quarterly contributions to Federal taxes:	\$	_	
5)	Total quarterly contributions to State taxes:	\$	_	one and the second
5)	Total quarterly contributions to Social Security: (FICA and Medicare)	\$		
")	Total quarterly contributions to other taxes:	\$	-	
)	SUB-TOTAL of taxes paid this quarter (#4- #7):			\$
)	Total quarterly contributions to victim's programs	s: \$	_	marian hada anada anada anada anada anada ana an
D)	Total quarterly contributions to room and board:	\$		nanananan
l)	Total quarterly contributions to family support:	\$		CONCURRACIO
2)	SUB-TOTAL of PIECP Categorical Deductions (#9	)-#11):		\$
3)	Total quarterly contributions to mandatory saving	gs: \$	-	
1)	Since the last quarterly report, have you materially this cost accounting center? If yes, please explain:  This CAC did not employed.	,	•	r products associ

	Reporting Quarter Dates:	4/1/2016	nes-passes	6/3	80/2016	
	Name of Cost Accounting Center:		Sully Truck W	ash		
	PIECP Management Model:		Employer			
	Valenteen	Newto	on Correction	al Facility	<del>ago, ao spaint a la pope est</del> e <del>n ago est a de la constantina de la constantina de la cons</del> tantina de la constantina del constantina de la constantina de la constantina del constantina de la	
	INSTITUTION Name and Address:	307 S 60th	ı Ave W, New	ton, IA 50	208	
(1)	Total inmate labor hours worked during	; quarter:		-	Hours	
(2)	Total number of inmates employed duri	ng quarter:		0	Total Inmates	
(3)	Total quarterly gross wages paid:		\$	-		
	Hourly wage range	\$8.50- 8.95				
	(or) Pieces work rate	N/A				
(4)	Total quarterly contributions to Federal	taxes:	\$	_	MODERATOR	
(5)	Total quarterly contributions to State tax	es:	\$	_	1000000	
(6)	Total quarterly contributions to Social Se	-	\$		wateroom	
	(FICA and Medicare					
(7)	Total quarterly contributions to other tax	kes:	\$		MAGRIPPIN,	
(8)	SUB-TOTAL of taxes paid this quarter (#	[‡] 4- #7):			\$	_
(9)	Total quarterly contributions to victim's	programs:	\$		*******	
(10)	Total quarterly contributions to room an	d board:	\$		***************************************	
(11)	Total quarterly contributions to family s	upport:	\$		noneanin	
(12)	SUB-TOTAL of PIECP Categorical Dedu	ctions (#9-#11):			\$	
(13)	Total quarterly contributions to mandato	•	\$	-		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, please This CAC did no	•			•	ate with
	Certified correct by: Daniel J.	Clark, Deputy D	irector, Iowa	Prison In	adustries	
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	Juli		Mentatoriania	04-A	06 - 2016 Date	50000000000000000000000000000000000000
т _~ 1	Signature ephone no: (515) 725-5705	Email Addres	o.		Date (@iowa.gov	
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